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**** CONTINUING DATA ******* *None ChB*

**** FOREIGN APPLICATIONS ******* *None ChB*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING 4	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 24
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Christina M. Behadde</i> Examiner's Signature	<i>ChB</i> Initials			

ADDRESS
28395

TITLE
Adaptive pressure control method for synchronous downshifts in a multiple-ratio transmission

FILING FEE RECEIVED 3170	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit